	1						/٧٨	ЛÌ	えんりかい	<u>.                                    </u>	VII		_
• /							Application or Docket Number						
Effective October 1, 2000							PD 09/973,458						
CLAIMS AS FILED - PART I								l F	NTITY		OTHER		1
			(Column	1)	(Colu	(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS							RA	E	FEE	<b>7</b> 1	RATE	FEE	•
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00	1
TOTAL CHARGEABLE CLAIMS			minus 20=		. 85		X\$	9=		OR	X\$18=	الكيسا	ลก
INDEPENDENT CLAIMS			4 minus 3 =		. 2		X4	) <u> </u>	<u> </u>	1	X80=	11 O a	10
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT						OR	700=	<b>%</b> 80	l	
• 11	the difference	in column 1 is	less than zero, enter W in a			Notiona 2	+135=			OR	+270=		l .
* If the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II								AL	L	OR	TOTAL	477	80
CLAIMS AS /			AMENDED - PART    (Column 2)			(Caluma 6)	N CMALL		ENTITY	<b>0</b> D	OTHER		
V		CLAIMS		HIGH	EST	(Column 3)			ADDI-	OR <b>1</b> 1	SMALL		
AMENDMENT /		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA	RAT	Έ	TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	. 35	Minus	2		- /	X\$ :	}=		OR	X\$18=		
AMI	Independent	· 4	Minus	•••	<u> </u>	-/	X40	=		OR	X80=		
Щ.	FIRST PRESE	NTATION OF MI	ULTIPLE DEI	PENDENT	CLAIM	/				1 1			
							+13			OR	+270=		
	9-20-01							YAL FEE		OR ,	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST												•
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 25	Minus	.23	5	=	X\$ 9	<b>=</b>		OR	X\$18=	ree	
AME	independent	· 9	Minus	9		/=	X40			1 1	X80=		
ᆫ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAYM							_		OR	7002		
							+135			OR	+270=		
		•					ADDIT.	EE		OR ,	YOTAL VDDIT. FEE		
		(Column 1)		(Colum		(Column 3)							
AMENDMENT C		REMAINING AFTER AMENDMENT	<b>.</b>	NUME PREVIO PAID F	BER	PRESENT EXTRA	RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
N N	Total	•	Minus	** :		e ·	X\$ 9	<u></u>	,		X\$18=	FEE	
ME	Independent	•	Minus	***	<u>.</u>	• :	X40-	╌╂		OR			
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							4		OR	X80=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ** ADDIT FOR										OR	+270=		
•••	The "Highest Nu If the "Highest Nu	ADDIT, F	EEL		OR A	TOTAL DDIT. FEE							
	The "Highest Num	nber Previously Pai	d For" (Total or	Independe	nt) is the	highest number	found in the	app	opriate box	in colu	mn 1,		•

FORM PTO-675 (Rev. 8/00)

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

\*U.S. GPO: 2000-450-705/20103